

**PERSONAL FINANCIAL STATEMENT****FORM PFS  
COVER SHEET  
PAGE 1**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2019, covering calendar year ending December 31, 2018.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #  
23ACCOUNT #  
00042143

|                               |  |  |  |  |
|-------------------------------|--|--|--|--|
| 1 NAME                        |  | TITLE; FIRST; MI<br>The Honorable Sid<br>.....<br>NICKNAME; LAST; SUFFIX<br>Miller   | OFFICE USE ONLY<br><br>Date Received<br>ELECTRONICALLY FILED<br>06/20/2019 |  |
| 2 ADDRESS                     |  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>[REDACTED]<br>[REDACTED]  | Receipt #<br><br>HD / PM Amount  |  |
| 3 TELEPHONE NUMBER            |  | AREA CODE PHONE NUMBER; EXTENSION<br>[REDACTED]  | Date Processed<br><br>Date Imaged  |  |
| 4 REASON FOR FILING STATEMENT |  | <input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)<br><input checked="" type="checkbox"/> ELECTED OFFICER Agriculture Commissioner (INDICATE OFFICE)<br><input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY)<br><input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY)<br><input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT<br><input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY)<br><input type="checkbox"/> OTHER _____ (INDICATE POSITION) |  |  |

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Mrs. Debra Miller

DEPENDENT CHILD 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

# SOURCES OF OCCUPATIONAL INCOME

## PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|  |  |                                 |  |
|--|--|---------------------------------|--|
| <b>1 INFORMATION RELATES TO</b>  | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>2 EMPLOYMENT</b><br><input type="checkbox"/> EMPLOYED BY ANOTHER          | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br>EMPLOYER<br><b>SELF</b><br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>6407 S. US Highway 377<br><br>Stephenville, TX 76401<br><br>POSITION HELD                                     |                                 |  |
| <input checked="" type="checkbox"/> SELF-EMPLOYED                            | NATURE OF OCCUPATION<br>rancher/farmer/nurseryman  |                                 |  |
| <b>INFORMATION RELATES TO</b>  | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>EMPLOYMENT</b><br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br>EMPLOYER<br>Lone Oak Landscape LLC<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>597 CR 279<br><br>Dublin, TX 76446<br><br>POSITION HELD<br>managing partner/owner                  |                                 |  |
| <input type="checkbox"/> SELF-EMPLOYED                                       | NATURE OF OCCUPATION   |                                 |  |
| <b>INFORMATION RELATES TO</b>  | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>EMPLOYMENT</b><br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br>EMPLOYER<br>State of Texas<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>1700 N. Congress Avenue<br>11th Floor<br>Austin, TX 78701<br><br>POSITION HELD<br>Agriculture Commissioner |                                 |  |
| <input type="checkbox"/> SELF-EMPLOYED                                       | NATURE OF OCCUPATION   |                                 |  |

**STOCK****PART 2**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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|   |   |  |  |  |
|---|---|--|--|--|
| <b>1 BUSINESS ENTITY</b>  | NAME<br>Snap Trends                               |  |  |  |
| <b>2 STOCK HELD OR ACQUIRED BY</b>  | <input checked="" type="checkbox"/> FILER         | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| <b>3 NUMBER OF SHARES</b>   | <input type="checkbox"/> LESS THAN 100            | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|   | <input checked="" type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 10,000 OR MORE    |  |  |
| <b>4 IF SOLD</b><br><input type="checkbox"/> NET GAIN<br><input checked="" type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000        | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

|  |  |  |  |  |
|--|--|--|--|--|
| BUSINESS ENTITY  | NAME<br>E Communicatiois Advantage         |  |  |  |
| STOCK HELD OR ACQUIRED BY  | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE                    | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES   | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499                | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|  | <input type="checkbox"/> LESS THAN 10K     | <input checked="" type="checkbox"/> 10,000 OR MORE |  |  |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input checked="" type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999         | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

|  |   |  |  |  |
|--|---|--|--|--|
| BUSINESS ENTITY  | NAME<br>Caterpillar Inc                           |  |  |  |
| STOCK HELD OR ACQUIRED BY  | <input type="checkbox"/> FILER                    | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES   | <input checked="" type="checkbox"/> LESS THAN 100 | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|  | <input type="checkbox"/> LESS THAN 10K            | <input type="checkbox"/> 10,000 OR MORE    |  |  |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input checked="" type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000        | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

|  |   |  |  |  |
|--|---|--|--|--|
| BUSINESS ENTITY  | NAME<br>Cisco Systems Inc                         |  |  |  |
| STOCK HELD OR ACQUIRED BY  | <input type="checkbox"/> FILER                    | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES   | <input checked="" type="checkbox"/> LESS THAN 100 | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|  | <input type="checkbox"/> LESS THAN 10K            | <input type="checkbox"/> 10,000 OR MORE    |  |  |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input checked="" type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000        | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

**STOCK****PART 2**

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|                                    |   |  |  |  |  |
|------------------------------------|---|--|--|--|--|
| <b>1 BUSINESS ENTITY</b>           | NAME  |  |  |  |  |
|                                    | Pfizer Inc  |  |  |  |  |
| <b>2 STOCK HELD OR ACQUIRED BY</b> | <input type="checkbox"/> FILER  | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD   | _____  |  |
| <b>3 NUMBER OF SHARES</b>          | <input checked="" type="checkbox"/> LESS THAN 100                                 | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999        | <input type="checkbox"/> 1,000 TO 4,999      |  |
|                                    | <input type="checkbox"/> LESS THAN 10K  | <input type="checkbox"/> 10,000 OR MORE    |  |  |  |
| <b>4 IF SOLD</b>                   | <input type="checkbox"/> NET GAIN<br><input checked="" type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

|                           |   |   |  |  |  |
|---------------------------|---|---|--|--|--|
| BUSINESS ENTITY           | NAME  |   |  |  |  |
|                           | Wal-Mart DE Mexico ADR Ser V  |   |  |  |  |
| STOCK HELD OR ACQUIRED BY | <input type="checkbox"/> FILER  | <input checked="" type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD   | _____  |  |
| NUMBER OF SHARES          | <input type="checkbox"/> LESS THAN 100  | <input checked="" type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999        | <input type="checkbox"/> 1,000 TO 4,999      |  |
|                           | <input type="checkbox"/> LESS THAN 10K  | <input type="checkbox"/> 10,000 OR MORE               |  |  |  |
| IF SOLD                   | <input checked="" type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input checked="" type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

|                           |   |  |  |  |  |
|---------------------------|---|--|--|--|--|
| BUSINESS ENTITY           | NAME  |  |  |  |  |
|                           | Cisco Systems Inc   |  |  |  |  |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER   | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD   | _____  |  |
| NUMBER OF SHARES          | <input checked="" type="checkbox"/> LESS THAN 100                                 | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999        | <input type="checkbox"/> 1,000 TO 4,999      |  |
|                           | <input type="checkbox"/> LESS THAN 10K  | <input type="checkbox"/> 10,000 OR MORE    |  |  |  |
| IF SOLD                   | <input type="checkbox"/> NET GAIN<br><input checked="" type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

|                           |   |  |  |  |  |
|---------------------------|---|--|--|--|--|
| BUSINESS ENTITY           | NAME  |  |  |  |  |
|                           | ECampus Nation LP   |  |  |  |  |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER   | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD   | _____  |  |
| NUMBER OF SHARES          | <input checked="" type="checkbox"/> LESS THAN 100                                 | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999        | <input type="checkbox"/> 1,000 TO 4,999      |  |
|                           | <input type="checkbox"/> LESS THAN 10K  | <input type="checkbox"/> 10,000 OR MORE    |  |  |  |
| IF SOLD                   | <input type="checkbox"/> NET GAIN<br><input checked="" type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

**STOCK****PART 2**

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|                                    |   |  |  |  |
|------------------------------------|---|--|--|--|
| <b>1 BUSINESS ENTITY</b>           | NAME  |  |  |  |
|                                    | Monsanto  |  |  |  |
| <b>2 STOCK HELD OR ACQUIRED BY</b> | <input type="checkbox"/> FILER                    | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD   | _____  |
| <b>3 NUMBER OF SHARES</b>          | <input checked="" type="checkbox"/> LESS THAN 100 | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999        | <input type="checkbox"/> 1,000 TO 4,999      |
|                                    | <input type="checkbox"/> LESS THAN 10K            | <input type="checkbox"/> 10,000 OR MORE    |  |  |
| <b>4 IF SOLD</b>                   | <input checked="" type="checkbox"/> NET GAIN      | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 |
|                                    | <input type="checkbox"/> NET LOSS                 |  |  | <input type="checkbox"/> \$25,000--OR MORE   |

# MUTUAL FUNDS

## PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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|   |  |  |  |  |
|---|--|--|--|--|
| <b>1</b> MUTUAL FUND  | NAME<br>American Funds Target Date 2010    |  |  |  |
| <b>2</b> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                      | <input type="checkbox"/> FILER             | <input checked="" type="checkbox"/> SPOUSE     | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| <b>3</b> NUMBER OF SHARES OF MUTUAL FUND  | <input type="checkbox"/> LESS THAN 100     | <input checked="" type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|   | <input type="checkbox"/> 5,000 to 9,999    | <input type="checkbox"/> 10,000 OR MORE        |  |  |
| <b>4</b> IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

|  |  |  |  |  |
|--|--|--|--|--|
| MUTUAL FUND  | NAME<br>Hartford Balanced Income Fund      |  |  |  |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                      | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE                | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES OF MUTUAL FUND  | <input type="checkbox"/> LESS THAN 100     | <input checked="" type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|  | <input type="checkbox"/> 5,000 to 9,999    | <input type="checkbox"/> 10,000 OR MORE        |  |  |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

|  |  |  |  |  |
|--|--|--|--|--|
| MUTUAL FUND  | NAME<br>Capitol World Growth & Income Fund A |  |  |  |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                      | <input checked="" type="checkbox"/> FILER    | <input type="checkbox"/> SPOUSE                | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES OF MUTUAL FUND  | <input type="checkbox"/> LESS THAN 100       | <input checked="" type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|  | <input type="checkbox"/> 5,000 to 9,999      | <input type="checkbox"/> 10,000 OR MORE        |  |  |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000   | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

|  |  |  |  |  |
|--|--|--|--|--|
| MUTUAL FUND  | NAME<br>Hartford Dividend & Growth         |  |  |  |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                      | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE                | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES OF MUTUAL FUND  | <input type="checkbox"/> LESS THAN 100     | <input checked="" type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|  | <input type="checkbox"/> 5,000 to 9,999    | <input type="checkbox"/> 10,000 OR MORE        |  |  |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

# MUTUAL FUNDS

## PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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|   |  |  |  |  |
|---|--|--|--|--|
| <b>1</b> MUTUAL FUND  | NAME<br>American Funds 2020 Retirement     |  |  |  |
| <b>2</b> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                      | <input type="checkbox"/> FILER             | <input checked="" type="checkbox"/> SPOUSE     | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| <b>3</b> NUMBER OF SHARES OF MUTUAL FUND  | <input type="checkbox"/> LESS THAN 100     | <input checked="" type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|   | <input type="checkbox"/> 5,000 to 9,999    | <input type="checkbox"/> 10,000 OR MORE        |  |  |
| <b>4</b> IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

|  |  |  |  |  |
|--|--|--|--|--|
| MUTUAL FUND  | NAME<br>Capital Income Builder Fund        |  |  |  |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                      | <input type="checkbox"/> FILER             | <input checked="" type="checkbox"/> SPOUSE     | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES OF MUTUAL FUND  | <input type="checkbox"/> LESS THAN 100     | <input checked="" type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|  | <input type="checkbox"/> 5,000 to 9,999    | <input type="checkbox"/> 10,000 OR MORE        |  |  |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

|  |  |  |  |  |
|--|--|--|--|--|
| MUTUAL FUND  | NAME<br>Capitol World Growth & Income Fund |  |  |  |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                      | <input type="checkbox"/> FILER             | <input checked="" type="checkbox"/> SPOUSE     | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES OF MUTUAL FUND  | <input type="checkbox"/> LESS THAN 100     | <input checked="" type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|  | <input type="checkbox"/> 5,000 to 9,999    | <input type="checkbox"/> 10,000 OR MORE        |  |  |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

|  |   |  |  |  |
|--|---|--|--|--|
| MUTUAL FUND  | NAME<br>Fundamental Investors of America Fund A |  |  |  |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                      | <input type="checkbox"/> FILER                  | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES OF MUTUAL FUND  | <input type="checkbox"/> LESS THAN 100          | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
|  | <input type="checkbox"/> 5,000 to 9,999         | <input type="checkbox"/> 10,000 OR MORE    |  |  |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000      | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE         |

# MUTUAL FUNDS

## PART 4

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|   |  |  |  |  |
|---|--|--|--|--|
| <b>1</b> MUTUAL FUND  | NAME<br>Growth Fund of America CI A        |  |  |  |
| <b>2</b> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                      | <input type="checkbox"/> FILER             | <input checked="" type="checkbox"/> SPOUSE     | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| <b>3</b> NUMBER OF SHARES OF MUTUAL FUND  | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499            | <input type="checkbox"/> 500 TO 999            | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
|   | <input type="checkbox"/> 5,000 to 9,999    | <input type="checkbox"/> 10,000 OR MORE        |  |  |
| <b>4</b> IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE         |
| <br>  |  |  |  |  |
| MUTUAL FUND   | NAME<br>Investment CO of America Fd A      |  |  |  |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY   | <input type="checkbox"/> FILER             | <input checked="" type="checkbox"/> SPOUSE     | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES OF MUTUAL FUND   | <input type="checkbox"/> LESS THAN 100     | <input checked="" type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999            |
|   | <input type="checkbox"/> 5,000 to 9,999    | <input type="checkbox"/> 10,000 OR MORE        |  |  |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS          | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE         |
| <br>  |  |  |  |  |
| MUTUAL FUND   | NAME<br>American Funds Target Date 2010    |  |  |  |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY   | <input type="checkbox"/> FILER             | <input checked="" type="checkbox"/> SPOUSE     | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES OF MUTUAL FUND   | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499            | <input type="checkbox"/> 500 TO 999            | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
|   | <input type="checkbox"/> 5,000 to 9,999    | <input type="checkbox"/> 10,000 OR MORE        |  |  |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS          | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE         |
| <br>  |  |  |  |  |
| MUTUAL FUND   | NAME<br>Hartford Balanced Income Fund CI A |  |  |  |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY   | <input type="checkbox"/> FILER             | <input checked="" type="checkbox"/> SPOUSE     | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES OF MUTUAL FUND   | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499            | <input type="checkbox"/> 500 TO 999            | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
|   | <input type="checkbox"/> 5,000 to 9,999    | <input type="checkbox"/> 10,000 OR MORE        |  |  |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS          | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE         |

## MUTUAL FUNDS

## PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |  |  |  |
|---|--|--|--|--|
| 1 MUTUAL FUND   | NAME<br>Small Cap World Fund               |  |  |  |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY   | <input type="checkbox"/> FILER             | <input checked="" type="checkbox"/> SPOUSE     | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| 3 NUMBER OF SHARES OF MUTUAL FUND   | <input type="checkbox"/> LESS THAN 100     | <input checked="" type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|   | <input type="checkbox"/> 5,000 to 9,999    | <input type="checkbox"/> 10,000 OR MORE        |  |  |
| 4 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

# INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1 SOURCE OF INCOME<br><br><input type="checkbox"/> Publicly held corporation | NAME AND ADDRESS<br><br>Edward Jones<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>105 West Washington<br><br>Stephenville, TX 76401                                    |  |  |  |  |
| 2 RECEIVED BY  | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |  |  |  |  |
| 3 AMOUNT   | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |  |  |  |  |

# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |   |  |   |   |
|---|---|--|---|---|
| 1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | Credit Care   |  |   |   |
| 2 LIABILITY OF  | <input type="checkbox"/> FILER                        | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____          |   |
| 3 GUARANTOR   | NONE  |  |   |   |
| 4 AMOUNT  | <input checked="" type="checkbox"/> \$1,000 - \$4,999 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999            | <input type="checkbox"/> \$25,000--OR MORE            |
| <br>  |   |  |   |   |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT   | First Financial Bank                                  |  |   |   |
| LIABILITY OF  | <input checked="" type="checkbox"/> FILER             | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____          |   |
| GUARANTOR   | NONE  |  |   |   |
| AMOUNT  | <input type="checkbox"/> \$1,000 - \$4,999            | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999            | <input checked="" type="checkbox"/> \$25,000--OR MORE |
| <br>  |   |  |   |   |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT   | Ally Financial  |  |   |   |
| LIABILITY OF  | <input type="checkbox"/> FILER                        | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____          |   |
| GUARANTOR   | NONE  |  |   |   |
| AMOUNT  | <input type="checkbox"/> \$1,000 - \$4,999            | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999            | <input checked="" type="checkbox"/> \$25,000--OR MORE |
| <br>  |   |  |   |   |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT   | Ally Financial  |  |   |   |
| LIABILITY OF  | <input checked="" type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____          |   |
| GUARANTOR   | NONE  |  |   |   |
| AMOUNT  | <input type="checkbox"/> \$1,000 - \$4,999            | <input type="checkbox"/> \$5,000 - \$9,999 | <input checked="" type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE            |

# INTERESTS IN REAL PROPERTY

## PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |  |  |  |   |
|---|--|--|--|--|---|
| 1 HELD OR ACQUIRED BY   |  | <input checked="" type="checkbox"/> FILER  | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |   |
| 2 STREET ADDRESS<br><br><input type="checkbox"/> NOT AVAILABLE<br><input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS |  | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><br>[REDACTED]  |  |  |   |
| 3 DESCRIPTION<br><br><input type="checkbox"/> LOTS<br><input checked="" type="checkbox"/> ACRES                                     |  | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><br>6.44000 acres<br>Erath                           |  |  |   |
| 4 NAMES OF PERSONS RETAINING AN INTEREST<br><br><input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       |  |  |  |  |   |
| 5 IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   |  | <input type="checkbox"/> LESS THAN \$5,000   | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE            |
| HELD OR ACQUIRED BY   |  | <input checked="" type="checkbox"/> FILER  | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |   |
| STREET ADDRESS<br><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS              |  | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><br>6407 South US Highway 377<br><br>Stephenville, TX 76401 |  |  |   |
| DESCRIPTION<br><br><input type="checkbox"/> LOTS<br><input checked="" type="checkbox"/> ACRES                                       |  | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><br>133.00000 acres<br>Erath                         |  |  |   |
| NAMES OF PERSONS RETAINING AN INTEREST<br><br><input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)         |  |  |  |  |   |
| IF SOLD<br><br><input checked="" type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                    |  | <input type="checkbox"/> LESS THAN \$5,000   | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999   | <input checked="" type="checkbox"/> \$25,000--OR MORE |

# INTERESTS IN REAL PROPERTY

## PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|  |   |  |  |
|--|---|--|--|
| 1 HELD OR ACQUIRED BY  | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |  |  |
| 2 STREET ADDRESS<br><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><br>15610 Lund Carlson Road<br><br>Coupland, TX 78615  |  |  |
| 3 DESCRIPTION<br><br><input type="checkbox"/> LOTS<br><input checked="" type="checkbox"/> ACRES                          | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><br>6.00000 acres<br><br>Travis   |  |  |
| 4 NAMES OF PERSONS RETAINING AN INTEREST<br><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | First Financial Bank  |  |  |
| 5 IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |  |  |

# INTEREST IN BUSINESS ENTITIES

## PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1 HELD OR ACQUIRED BY   |  | <input checked="" type="checkbox"/> FILER  | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| 2 DESCRIPTION   |  | NAME AND ADDRESS<br><input type="checkbox"/> (Check if Filer's Home Address)<br>Miller Nursery and Tree Company<br>6407 South US Highway 377<br>Stephenville, TX 76401 |  |  |  |
| 3 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS |  | <input type="checkbox"/> LESS THAN \$5,000   | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY   |  | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| DESCRIPTION   |  | NAME AND ADDRESS<br><input type="checkbox"/> (Check if Filer's Home Address)<br>LoneOak Landscaping LLP<br>597 CR 279<br>Dublin, TX 76446                              |  |  |  |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   |  | <input type="checkbox"/> LESS THAN \$5,000   | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY   |  | <input checked="" type="checkbox"/> FILER  | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| DESCRIPTION   |  | NAME AND ADDRESS<br><input type="checkbox"/> (Check if Filer's Home Address)<br>Sid Miller Horses<br>6407 US South Highway 377<br>Stephenville, TX 76401               |  |  |  |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   |  | <input type="checkbox"/> LESS THAN \$5,000   | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY   |  | <input checked="" type="checkbox"/> FILER  | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| DESCRIPTION   |  | NAME AND ADDRESS<br><input type="checkbox"/> (Check if Filer's Home Address)<br>Rocking M Ranch<br>6407 South US Highway 377<br>Stephenville, TX 76401                 |  |  |  |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   |  | <input type="checkbox"/> LESS THAN \$5,000   | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

# OWNERSHIP OF BUSINESS ASSOCIATIONS

## PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |  |  |
|---|--|--|--|
| <b>1 BUSINESS ASSOCIATION</b>           | <b>NAME AND ADDRESS</b><br><input type="checkbox"/> (Check If Filer's Home Address)<br>Miller Nursery & Tree Company<br>6407 S. US Highway 377<br><br>Stephenville, TX 76401 |  |  |
| <b>2 BUSINESS TYPE</b>                  | <input type="checkbox"/> Corporation   | <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Profesional Association |
|   | <input type="checkbox"/> Firm  | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Joint Venture           |
|   | <input type="checkbox"/> Partnership   | <input type="checkbox"/> Professional Corporation      | <input checked="" type="checkbox"/> Other _____  |
| <b>3 HELD, ACQUIRED,<br/>OR SOLD BY</b> | <input checked="" type="checkbox"/> FILER  | <input checked="" type="checkbox"/> SPOUSE             | <input type="checkbox"/> DEPENDENT CHILD _____   |
| <b>1 BUSINESS ASSOCIATION</b>           | <b>NAME AND ADDRESS</b><br><input type="checkbox"/> (Check If Filer's Home Address)<br>Lone Oak Landscaping, LLC<br>597 CR 279<br><br>Dublin, TX 76446                       |  |  |
| <b>2 BUSINESS TYPE</b>                  | <input type="checkbox"/> Corporation   | <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Profesional Association |
|   | <input type="checkbox"/> Firm  | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Joint Venture           |
|   | <input type="checkbox"/> Partnership   | <input type="checkbox"/> Professional Corporation      | <input checked="" type="checkbox"/> Other _____  |
| <b>3 HELD, ACQUIRED,<br/>OR SOLD BY</b> | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE                        | <input type="checkbox"/> DEPENDENT CHILD _____   |
| <b>1 BUSINESS ASSOCIATION</b>           | <b>NAME AND ADDRESS</b><br><input type="checkbox"/> (Check If Filer's Home Address)<br>Sid Miller Horses<br>6407 S. US Highway 377<br><br>Stephenville, TX 76401             |  |  |
| <b>2 BUSINESS TYPE</b>                  | <input type="checkbox"/> Corporation   | <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Profesional Association |
|   | <input type="checkbox"/> Firm  | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Joint Venture           |
|   | <input type="checkbox"/> Partnership   | <input type="checkbox"/> Professional Corporation      | <input checked="" type="checkbox"/> Other _____  |
| <b>3 HELD, ACQUIRED,<br/>OR SOLD BY</b> | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE                        | <input type="checkbox"/> DEPENDENT CHILD _____   |

# OWNERSHIP OF BUSINESS ASSOCIATIONS

## PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                                 |   |   |  |
|---------------------------------|---|---|--|
| 1 BUSINESS ASSOCIATION          | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)<br>Rocking M Ranch<br>6407 S. US Highway 377<br>Stephenville, TX 76401 |   |  |
| 2 BUSINESS TYPE                 | <input type="checkbox"/> Corporation<br><input type="checkbox"/> Firm<br><input type="checkbox"/> Partnership                                       | <input type="checkbox"/> Limited Partnership<br><input type="checkbox"/> Limited Liability Partnership<br><input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Professional Association<br><input type="checkbox"/> Joint Venture<br><input checked="" type="checkbox"/> Other _____ |
| 3 HELD, ACQUIRED,<br>OR SOLD BY | <input checked="" type="checkbox"/> FILER   | <input type="checkbox"/> SPOUSE   | <input type="checkbox"/> DEPENDENT CHILD _____   |

# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                              |   |  |  |
|------------------------------|---|--|--|
| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)<br>Miller Nursery & Tree Company<br>6407 S. US Highway 377<br><br>Stephenville, TX 76401 |  |  |
| 2 BUSINESS TYPE              | Other Business Association  |  |  |
| 3 HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER   | <input checked="" type="checkbox"/> SPOUSE   | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 4 ASSETS                     | DESCRIPTION<br>Land, inventory, buildings, equipment  | CATEGORY<br><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999<br><input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000 OR MORE |  |

|                              |   |  |  |
|------------------------------|---|--|--|
| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)<br>Lone Oak Landscaping, LLC<br>597 CR 279<br><br>Dublin, TX 76446 |  |  |
| 2 BUSINESS TYPE              | Other Business Association  |  |  |
| 3 HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER   | <input type="checkbox"/> SPOUSE  | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 4 ASSETS                     | DESCRIPTION<br>Equipment, machinery, tools  | CATEGORY<br><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999<br><input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000 OR MORE |  |

# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                              |   |  |  |
|------------------------------|---|--|--|
| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)<br><br>Sid Miller Horses<br>6407 S. US Highway 377<br><br>Stephenville, TX 76401 |  |  |
| 2 BUSINESS TYPE              | Other Business Association  |  |  |
| 3 HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER   | <input type="checkbox"/> SPOUSE  | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 4 ASSETS                     | DESCRIPTION<br>Horses, equipment  | CATEGORY<br><br><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999<br><br><input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000 OR MORE |  |

|                              |   |  |  |
|------------------------------|---|--|--|
| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)<br><br>Rocking M Ranch<br>6407 S. US Highway 377<br><br>Stephenville, TX 76401 |  |  |
| 2 BUSINESS TYPE              | Other Business Association  |  |  |
| 3 HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER   | <input type="checkbox"/> SPOUSE  | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 4 ASSETS                     | DESCRIPTION<br>Livestock, land, equipment   | CATEGORY<br><br><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999<br><br><input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000 OR MORE |  |

# BOARDS AND EXECUTIVE POSITIONS

## PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                    |  |  |  |
|--------------------|--|--|--|
| 1 ORGANIZATION     | Erath Excels Academy                                     |  |  |
| 2 POSITION HELD    | Board member   |  |  |
| 3 POSITION HELD BY | <input type="checkbox"/> FILER                           | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION       | Cowboy Church of Erath County                            |  |  |
| POSITION HELD      | Elder  |  |  |
| POSITION HELD BY   | <input checked="" type="checkbox"/> FILER                | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION       | Texas Farm and Ranch Lands Conservatuion Program Council |  |  |
| POSITION HELD      | Council member   |  |  |
| POSITION HELD BY   | <input checked="" type="checkbox"/> FILER                | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION       | Texas Racing Commission                                  |  |  |
| POSITION HELD      | Board Member   |  |  |
| POSITION HELD BY   | <input checked="" type="checkbox"/> FILER                | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION       | Southern Association State Departments of Agriculture    |  |  |
| POSITION HELD      | President  |  |  |
| POSITION HELD BY   | <input checked="" type="checkbox"/> FILER                | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION       | Southern US Trade Association                            |  |  |
| POSITION HELD      | President  |  |  |
| POSITION HELD BY   | <input checked="" type="checkbox"/> FILER                | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |

# BOARDS AND EXECUTIVE POSITIONS

## PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                    |  |                                 |  |
|--------------------|--|---------------------------------|--|
| 1 ORGANIZATION     | National Association of State Departments of Agriculture |                                 |  |
| 2 POSITION HELD    | Board member   |                                 |  |
| 3 POSITION HELD BY | <input checked="" type="checkbox"/> FILER                | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |

# INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

## PART 14

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS--INSTRUCTION GUIDE.

|                    |   |                                 |  |
|--------------------|---|---------------------------------|--|
| 1 BUSINESS ENTITY  | NAME AND ADDRESS  |                                 |  |
|                    | ECampusNation LP<br>403 Nacodoches street<br><br>Center, TX 75935 |                                 |  |
| 2 INTEREST HELD BY | <input checked="" type="checkbox"/> FILER                         | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |

# PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS

COVER SHEET

PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. **If you place a check in a box, do NOT include pages for that Part in the report.**

## 6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018 , and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Sid Miller

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Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

---

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath